	Effective October 1, 2004 - 10644 192																
		CLAIMS AS	SFILED - PART I (Column 1) (Column 2) SMALL ENTITY TYPE OR SMALL ENTITY TYPE OR SMALL ENTITY TYPE OR SMALL ENTITY RATE FEE BASIC FEE 395.00 OR SMALL ENTITY AS 9= OR X\$18= 0.34 X\$ 9= OR X\$18= 0.34 X\$ 100 OR TOTAL OR TOTAL OR TOTAL OR TOTAL OR SMALL ENTITY MENDED - PART II (Column 2) (Column 3) HIGHEST NAIMBER PREVIOUSLY PRIOR OR SMALL ENTITY RATE THAN SMALL ENTITY SMALL ENTITY OTHER THAN SMALL ENTITY OTHE														
TO	TAL CLAIMS	·	33					RAT	Ē	FEE		RATE	FEE				
FOR			NUMBER FILED		NUMBER EXTRA		. '	BASIC	FEE	395.00	OR	Basic Fee	7.70.				
TOTAL CHARGEABLE CLAIMS			33 minus 20=		. 13			X\$ S	÷		OB	X\$18=	234				
INDEPENDENT CLAIMS					•	1		X44s				× 26					
					<u></u>	 		-					.0.0				
MULTIPLE DEPENDENT CLAIM PRESENT											OR		1000				
PK amel 2.2.04																	
•	C		MENDED	- PAR	ŤII'				اعت	ENTITY	OR						
		(Column 1) CLAMS		_			ነ										
Y.		REMADRING AFTER		PREV	OUSLY			RATE	1		RATE						
AMENDMENT		AMENDMENT			FOR 7		1	YS	<u></u>	110		X\$18=					
Q.	Total	• 33		# <i>3</i>	7		1	<u> </u>									
AMI	Independent	NTATION OF M		PENDEN	TCLAIM		1	_ X44	=/	-	OR						
۲	e 15.24								/ ··	OЯ							
'	1811	3101	ADDIT. FEE														
	•	(Column 1)	•			(Column 3	1				_						
6		CLAIMS REMAINING		NUA	REB			RAT	T .			RATE					
Ę		AFTER AMENOMENT				EXTRA	4			• • • • • • • • • • • • • • • • • • • •			FEE				
AMENDMENT B	Total	•	Minus	**		= ·	_	X\$	9=		OR	X\$18=					
E N	Independent	•				<u> </u>	4	X4	4=		OR	X88=					
4	FIRST PRESE	NTATION OF M	ON OF MULTIPLE DEPENDENT CLAIM +150= OR +300=														
									OTAL		-	TOTAL	<u> </u>				
								ADOIT.	FEE	L	J 0	ADDIT. FEE					
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									L ADDI:	1		ADDI-				
2	'	REMAINING AFTER		NU	MBER	PRESENT		RA	TE	TIONAL	l	RATE	TIONAL				
		AMENDMENT.	<u> </u>		FOR	1	-	<u>}-</u> -		FEE			FEE				
AMENDMENT C	Total	•	Minus ·	**		=	4	XS	9= `	<u> </u>	OR	X\$18=	 				
	Independent	1	Mirais		G C 414	<u> </u>	4	·X4	4=		OR	X88=					
E	FIRST PRES	ENTATION OF N	IULTIPLE DE	PENDE	41 CLAIN	·	ئـ	+15	O=		OR	+300=					
	If the entry in soi	umm 1 is less than	the entry in co	Lumn 2, wr	ite "O" in c	otumn 3.			_	FEE 395.00 OR BASIC FEE 7.7(). SASIB= 7.7(). SASI							
	The Highest No.	mber Previously P	aid For (Total	or indeper	rdent) is th	e highest ner	6	iound in	A18 64	bhrobusta n							

Application or Docket Number